

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053056

Entity Name: APEX PEDIATRICS, P.A.

FILED  
Jul 13, 2006  
Secretary of State

**Current Principal Place of Business:**

150 SE 17TH STREET STE 502  
OCALA, FL 34471

**New Principal Place of Business:****Current Mailing Address:**

150 SE 17TH STREET STE 502  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 06-1693975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERGMAN, CLAUDETTE  
24705 US HWY 19 N #314  
CLEARWATER, FL 33763    US

**Name and Address of New Registered Agent:**

OKONKWO, MARTIN  
150 SE 17TH ST STE 502  
OCALA, FL 34471    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTIN OKONKWO

07/13/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: OKONKWO, MARTIN  
Address: 150 SE 17TH ST #502  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN OKONKWO

P

07/13/2006

Electronic Signature of Signing Officer or Director

Date